		HAND
UNITED STATES HOUSE OF REPRESENTATIVES	/ES Form A	DELIVERED Page 1 of 10
2013 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and	and Employees
Name: LUCIUE ROYAN - ALLOS	Davimo Tolonhono: 202-225-	1761
No. of the state o	}	
FILER STATUS Member of or Candidate for State:	CAUFR JA Officer or Employee	Employing Office:
REPORT 2013 Annual (Due: May 15, 2014)	Amendment	Termination Date:
PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No F. Did you have any reportable agoutside entity during the reporting year up through the date of filing?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No Solution No Year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No Source during the reporting period? G. Did you, your spouse, or your de reportable gift(s) totaling more than source during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, o reportable travel or reimbur \$350 in value from a single	H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$350 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or orgalieu of paying you for a spereporting period?	r organization make a donation to charity in a speech, appearance, or article during the
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	EC	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFORMATION - ANSWER	EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	If you a	nswered "yes" to this question, please contact Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	- Pe	ed not be disclosed. Have you excluded from Yes . No .
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	spouse or	dependent child because they meet all three Yes No X

SCHEDULE A

OK A	A - ASSETS & ONEARNED INCOME	
PLOCK B		
BI OCK C	Name: LUCILLE ROYBAL - AL	
BLOCK D	ROYBAL - ALLARO	
BLOCKE	Page 2 of 10	

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Secret Se			MANAN K		000		Examples	ęş	For bank and other cash account all interest-bearing account \$5,000, list every financial ins more than \$1,000 in interest be for rental and other real property. For an ownership interest in a lithat is not publicly traded, s' business, the nature of its geographic location in Block A. Exclude: Your personal residence during the reporting perinterest in, or income definement program, including the returned for the your beautiful through the privately-fractivement program, including the figure as the source is that of your sounders of the your back as privately-fractivement source is that of your sounders to thid (DC), or join (JT), in the optional column of For a detailed discussion requirements, please refer to the program of the	Il IRAs and plans) plans) provide count that exc	ASSET and/or incom- lidentify (a) each asset held production of income and with exceeding \$1,000 at the end of and (b) any other reportable income that generated more that income during the year. Provide complete names of stoo for our use only lifeter symbols.)	200
HATON BANK	さん つき かん	MAY OF ARRAICS	CARAL CREDIT	MONT SYSTEM	MINION FORMS	dge Fund	Simon & Schuster	Mega Corp. Stock	unts, total the annous. If the total is own titution where there earing accounts. Try held for investmer or description, e.g. I state. I state the name of the account of the sactivities, and it is activities, and if the sactivities, and any financially, and any financially, and any financially and form, a feder that the sact fund that is a lease check the "El lease check the "El lease check the anyous (SP) our spouse (SP) the lower that an asset four spouse (SP) the lease check the "El lease check t	for all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Asset and/or income source identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only fifteer symbols)	BLOCK A
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				Ván Ván						1	indicate value of as valuation method oth used. If an asset was sol because it generated "Column M is for ass you have no interest.	
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25		50.CS				×	ne çir.		\$250,001-\$500,000 a	1	Value Of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	×Β
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i di	100 E	400	in di		20.00	6 4.5	e e ii		Spouse/DC Asset over \$1,000,000*			
				×				×	DIVIDENDS	1	Check all colums that apply. For accounts, you may check the "18 column. Dividends, interest, and cap over if reinvested, must be disclosed for assets held in taxable accounts. Of if the asset generated no income during the period.	
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						erthership come	Royalbes		(Specify: e.g., Partnership Income or Farm Income)	in _	Lippe of income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	į
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*S\$55.		2.593.5	10437	818	35.000		U-ES	287.78	\$1-\$200	child in which you have no interest	For assets for which may check the "None category of income bividends, interest, must be disclosed accounts. Check generated."	
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. 4		153						1.0	\$1,000,001\$5,000,000 ×		which you checked "Tax-Deferred" in B which you checked "Tax-Deferred" in B e "None" column. For all other assets ncome by checking the appropriate terrest, and capital gains, even if i closed as income for assets held Check "None" if no income was check "None" if no income was	
					, e				Comp. 2000.000	-	Far assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxeble accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent."	
. ATTES			100000000000000000000000000000000000000				200		Spouse/DC Asset with Income over \$1,000,000*			
								s(part)	Leave this column blank if there are no transactions that acceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	Indicate if the asset had purchases (P), selles (S), or exchanges (E) exceeding \$1,000 in the reporting period.	Transaction

Name: LUCULE

ROYGAL - ALLARD

Page 3

BLOCK A Asset and/or Income Source	>			0		BLOCK B Value of Asset	BLOCK B	္ > > >	SS8		· • • ·			<u></u>	2		'				BLOCK C	ᇙᄝ	BLOCK C Type of Income				-	<u>*************************************</u>	≂ >	Amount of Income		unt of Inc	m _c D	VIII OM	₽ 0	×	8	<u></u>	Transaction
	None	\$1-\$1,000	\$1,001-\$15,000		\$15,001-\$50,000	\$50,001-\$100,000	\$160,001-\$250,000	\$250,001-\$500,000	\$690,001-41,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000		Own \$50,000,000	Spouse/DC Asset over \$1,000,000*	NOME	DIVIDENDS	- PRESETT * STATE AND A STATE	A CONTRACT OF THE PARTY OF THE	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAXIBUTERAD	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200		\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$6,000	\$5,001-\$15,000	.\$15,001-\$60,000		\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*	P. S. S(part), or E
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SCHEDULE B - TRANSACTIONS

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!															55 55 55 55 55 55 55 55 55 55 55 55 55		Mega Corp. Stock	Asset	Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deterred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that
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SCHEDULE C - EARNED INCOME

Name: Lucite Roysat- ALLAND Page 5 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

						55-150		Examples:			types of income (nota
						SELECTIVE SERVICE SYSTEM	Ontario County Board of Education	State of Maryland Civil War Roundtable (Oct. 2)	Keene State	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
						SPOUSE SALMAY	Spouse Salary	Legislative Pension Spouse Speech	Approved Teaching Fee	Туре	yees compensated at or above the "senior staff" rate tionship) were totally prohibited.
						NA	NA	\$18,000 \$1,000	\$6,000	Amount	was \$26,955. In addition, certain

SCHEDULE D - LIABILITIES

Name: Lucite Roysat. ALLIAD Page 6 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you you by a spouse or the child, parent, or sibling of you or your spouse. *Column K is for liabilities held solely by your spouse or dependent child. rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000.

								Amou	ınt of l	Amount of Liability	-		
···			Date				·		n		::	I	
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$16.00s	\$15,001- \$50,000	\$100,001-	\$250,000	\$500,001- \$1,000,000	\$1,000,001 \$5,000,000		\$5,000,001- \$25,000,000	
•	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			×				× 19. x.		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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Organization				
Supplied Colory of the				

SCHEDULE F - AGREEMENTS

Name: YNGILLE ROYAGE - ALLAND Page 7 3

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

		1492	Date
		1992 Muself AND the State of California Continued Party	Parties to Agreement
		continued Participation IN Pension Plan	Terms of Agreement

SCHEDULE G – GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: /
Lucius
Royan - Allmo
Page B of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure - Destination City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	γ	٧	Z
cxempes	Habitat for Humanity (charity fundraiser)	Mar. 3-4	OC-Boston-DC	Υ	∀	٧
3						

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Examples: Association of American Associations, Washington, DC XYZ Magazine Source Name: YMOILLE Activity Speech Article ROWA - ALLAND Feb, 2, 2013 Aug. 13, 2013 Date Page 9 of 10 Amount \$2,000 \$500

FILER NOTES (Optional)

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Name: LUCILLE	-
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YBAL - ALLAND	•
Page 10 of 10	,
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